



STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: August 20, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000668

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On November 11, 2013, the Marketplace issued an eligibility determination on your November 8, 2013 application for health insurance.

On April 16, 2014, the Marketplace redetermined your eligibility and issued a notice consistent with the November 11, 2013 eligibility determination. It said you continue to be eligible to receive up to \$0.00 monthly of advance premium tax credits (APTC), but are not eligible for cost-sharing reductions because your household income is over the allowable income limit.

You appealed this determination, and on June 2, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for June 26, 2014 at 1:00 pm.

On June 26, 2014, you did not appear for your scheduled telephone hearing. An impartial hearing officer attempted to contact you at the phone number you provided on three separate occasions between 1:00 pm and 1:40 pm. We could not reach you.

Accordingly, we are dismissing your case.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY – English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

How does this Dismissal Affect Your Eligibility?

The Marketplace's November 11, 2013 and April 16, 2014 eligibility determinations continue in effect.

If You Think Your Appeal Should Not Be Dismissed

Under some circumstances, you can ask us to vacate (cancel) this dismissal. You must ask us in writing within 30 days after the date on this notice. In that writing you also must state a good reason for us to do this.

If you ask us in writing to vacate this dismissal, the Marketplace's Appeals Unit will review your request and send you a decision on that request.

If we deny your request to vacate this dismissal, we will tell you that in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed. No further action will be taken on it by the Marketplace.

Appeal Identification Number

When communicating with the Marketplace about this appeal, please refer to the Appeal Identification Number at the top of this notice.

How to Contact the Marketplace

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY – English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.530.

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A Copy of this Notice of Dismissal Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]

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